

Leeds PCT Board Briefing

Future Redesign and Re-commissioning of Leeds and West Yorkshire Urgent Care Services

1. Purpose of paper

The purpose of the paper is to:

- Brief the Board on the strategic development of Urgent Care services within Leeds and West Yorkshire.
- Confirm Board's support for the proposed process to redesign and re-commissioning future Urgent Care (UC) services in Leeds and West Yorkshire

2. The Case for Change

In March 2008 Leeds PCT's contract with Local Care Direct (LCD) and North Yorkshire PCT (NYPCT) for the provision of GP Out of Hours (OOHs) services will expire. This provides the PCT with a strong lever to enable the redesign and re-commissioning of UC services in response to local and national drivers including current performance issues. These can be summarised as follows:

- **Improved Patient Pathways and Benefits:** National and local feedback from patient and the public has emphasised the need to:
 - Improve integration between different UC services
 - Improve information sharing between different UC services to reduce repetition and duplication
 - Simplify and improve access to face to face UC treatment services
- **National Health Policy and Reform:** Joint planning and commissioning of UC services, integrated call handling and service provision, reduced service duplication and value for money, have been advocated through a raft of policies and reform over the last 5 years. These include the NAO report on provision of Out of Hours and the 2006 White Paper *The Direction of Travel for Urgent Care*.
- **Local Strategic Change:** Through the former 5 Leeds PCTs UC Board, significant work has been undertaken to develop a future model of UC services for Leeds. The model aspires to overcome the current duplication and fragmentation of Minor Injuries, Walk in Centre and Out of Hours care (Appendix 1) by delivering an integrated UC service for Leeds (Figure 1). The strategy, estates, finance and service requirements and implication of strategic planning and delivery are now being progressed as part of the wider MLB programme.

3. Proposed Model of Urgent Care

At a minimum, the PCT is required to tender the future provision of GP OOHs services for provision from April 08. The current provider of OOHs services for Leeds (LCD & NYPCT) is also commissioned to provide OOHs by Wakefield, Bradford, Calderdale and Kirklees PCT with all 5 contracts ending in March 08.

Significant work has been undertaken by UC Leads across the West Yorkshire PCTs to scope the future UC pathway following the contractual end of current OOHs providers. It is agreed across West Yorkshire UC Leads that there are significant advantages in the joint West Yorkshire commissioning of UC call handling and assessment. However, models for local face to face treatment of patients with UC needs should be specified and commissioned locally to meet local needs.

LCD & NYPCT currently provide both the call handling and assessment function for patients with UC needs. There is the requirement therefore to simultaneously but separately tender (for delivery from April 08) for :

- **Provision of a West Yorkshire UC call handling and assessment function** : To call handle and assess patients seeking Urgent Care In and Out of hours. Then advising, referring on and booking patients into Primary, Community, Intermediate, Emergency and Urgent Care. The 999 number will still exist however 999 calls assessed by YAS as not needing an emergency response (Cat C) could be routed to this function. NHS Direct would continue to exist (due to it being commissioned centrally) but with an improved interface with the call handling and assessment function.
- **Provision of Leeds Face to Face UC treatment services** for patients with an urgent care need. This would provide treatment currently provided within WiCs, MIUs and by the GP OOHs service and would be provided from centres (proposals and sites to be discussed both internally and through consultation process) across Leeds and on a domiciliary basis.

Figure 1 provides a high level overview of how these functions (elements 2 & 5) fit within the wider model of UC services for Leeds. Development of specifications for both service elements is required regionally and locally through local engagement and consultation with the public, patients, clinicians and current providers (see 6.2).

4. Strategic Context - West Yorkshire & MLB

The mandate to scope the potential redesign and re-commissioning of regional UC services was initially provided by the former 15 West Yorkshire PCT CEs in Spring 2006. In December 06 and January 07 the new West Yorkshire Chief Executives endorsed their support for the progression of the West Yorkshire Strategic Commissioning Programme (WYUSC). CEs supported a 6 month extension of the LCD contract to afford additional time for re-design, nominated of an executive sponsor Mike Potts (CE of Kirklees PCT) to oversee the co-ordination of the West Yorkshire elements of the programme and supported progression of a West Yorkshire collaboration in commissioning of call handling and assessment.

Within Leeds, the development of a wider future model of UC has been progressed over the last 2 years through the former Urgent Care Board. Within the new PCT, this critical area of re-design is a key element of the PCTs Strategic Development Programme, MLB. The strategy, estates, finance and service requirements and implication of strategic planning and delivery are now being progressed as part of the wider MLB programme and governance structure.

5. Benefits & Outcomes

The following benefits and outcomes should be achieved through delivery of the proposed redesign and re-commissioning:

- Improved patient experience – Responding to existing patient feedback both locally and nationally
- Improved performance in the areas of the A&E 4 hour standard, ambulance and OOHs
- Financial efficiency gains through the reduction of duplication within the system

6. Critical Timescales for delivery.

PCT re-organisations and the associated delay in affirming CE support for the programme has resulted in an extremely restrictive timetable for the consultation, specification and procurement of the future service. Pending Board approval of the work programme, the following milestones will apply:

Critical Milestone	Deadline
Adverts in HSJ & European Journal (West Yorkshire Call Handling and Assessment Specification & 5 Local Treatment Specifications)	May 07
Formal Consultation Period	May - July 07
Expressions of interest received	June 07
Return of Pre Qualification Questionnaires	June 07

Tender shortlist complete	July 07
Tenders Invited	August 07
Tenders Received	September 07
Tender clarification meetings	October 07
West Yorkshire contract awarded	October 07
Local Treatment contracts awarded	November 07
Transition period	November 07-March 08
Contract commences	April 08

6.1 Procurement and Tendering for both the West Yorkshire and Local specifications will be led and provided by the Yorkshire and Humber Procurement Collaborative on behalf of the 5 West Yorkshire PCTs.

6.2 Consultations and Engagement with patients, public, professionals and current providers will inform the development of West Yorkshire and Leeds service specifications. A Communications and Consultation strategy for West Yorkshire and Leeds has been developed with a meeting scheduled with the OSC for early April (pending Board approval). The framework and approach to the MLB Consultation and Communications process will be used to implement the local Consultation and Communications including expertise, resource and structures from within the Corporate Development Directorate of Leeds PCT.

6.3 Programme Structure and Governance Arrangements have been developed, underpinned by PRINCE2 and MSP method. Distinct project areas have been identified, planned and are being led across West Yorkshire by an Urgent Care lead. Programme management funding and a programme office function are to be provided through YAHA (formerly WYPCO) with additional support being provided in like through the input and leading of work areas by PCT Urgent Care, Communications and PPI leads.

Accountability for programme delivery rests with each PCT with a West Yorkshire Urgent Care Board, chaired by SRO Mike Potts and consisting of an appropriate director for each PCT, overseeing overall programme delivery. Given the strategic context of the West Yorkshire and Leeds redesign and re-commissioning of UC within MLB, it is recommended that this is the Executive Director of Strategic Development.

7. Recommendations

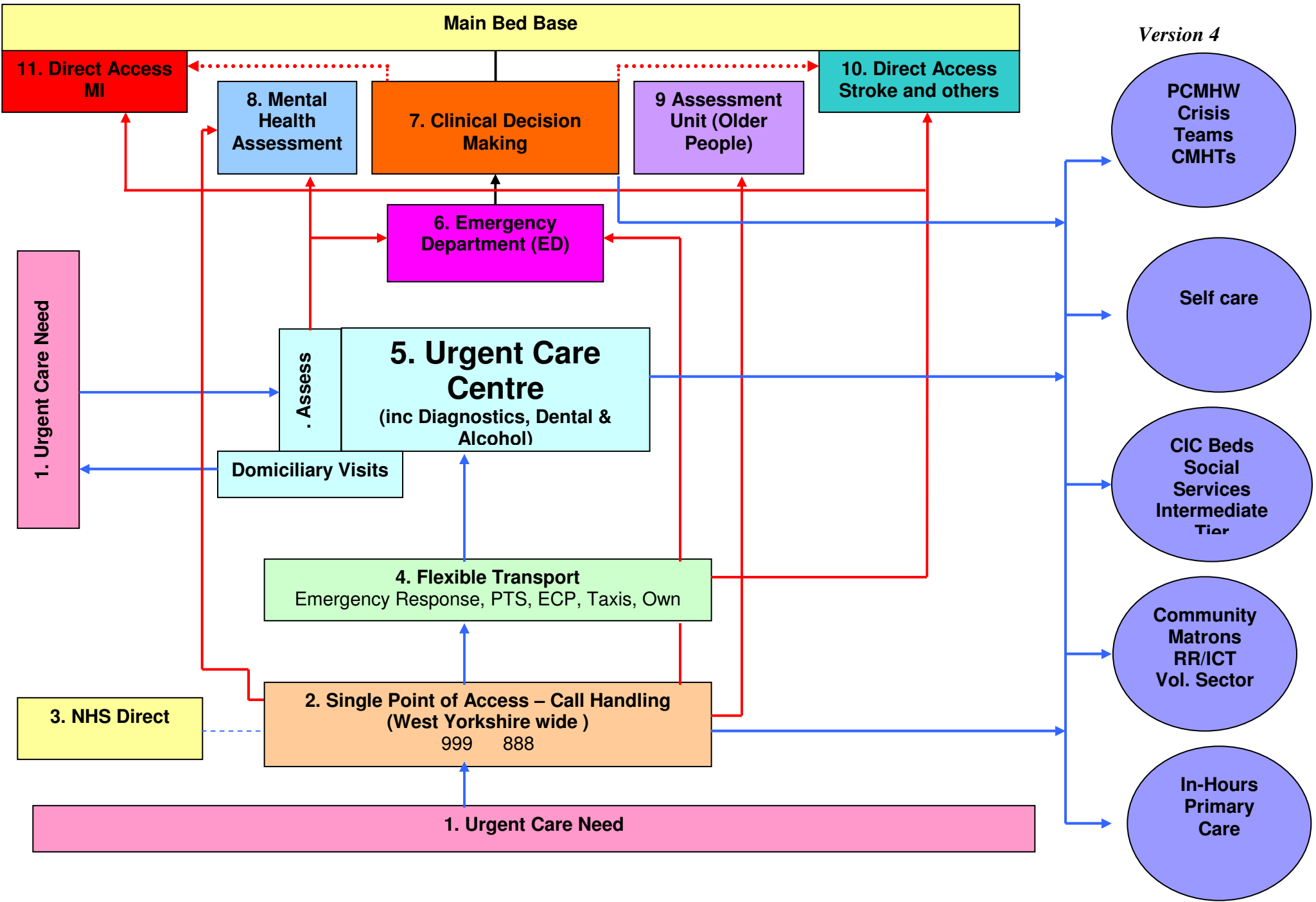
Board are asked to:

7.1 Note the content of this paper and support the continuation of the PCT's collaborative approach to the specification and commissioning of West Yorkshire UC services as well as the local specification.

7.2 Support and provide the mandate to place adverts in May 07, with options and costings on the Leeds UC treatment model and specification presented back to Board for sign-off prior to the formal tendering stage.

7.3 Support the representation of Leeds PCT on the West Yorkshire Urgent Care Programme Board by the Executive Director of Strategic Development.

Gina Long and Sue Hillyard
March 2007



Appendix 1

Table 1 – Current Provision of Urgent Care services in Leeds

Service	Provider	Commissioner	Location
2 x Accident and Emergency Depts.	LTHT	Leeds PCT	LGI and St James
Two Walk In Centres	LTHT	Leeds PCT	St Georges, Middleton & Wharfdale General Hospital, Otley.
Jubilee Walk in Centre	LTHT	Leeds PCT	LGI (front-ends A&E)
Commuter Walk in Centre	Netcare UK	DoH	'The Light', Leeds City Centre
In-hours Primary Care	Various	Leeds PCT	Practices & Pharmacies throughout Leeds
GP Out of Hours Service	North Yorks PCT	Leeds PCT	Wharfdale General Hospital
NHS-Direct	NHS-Direct	DoH	National telephone number
GP Out of Hours Service	Local Care Direct	Leeds PCT*	Lexicon House, Sheepscar & St Georges
Emergency & Urgent Transport	YAS	Leeds PCT*	Throughout Yorkshire & Humber

* LCD and YAS are regional providers of urgent care and are individually commissioned by all 5 West Yorkshire PCTs (Leeds, Bradford, Kirklees, Calderdale and Wakefield)